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FEB 16 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yong K. Cho et al.

Examiner: N. Natnithithadha

Serial No.: 10/662,684

Group Art Unit: 3736

Filed: September 15, 2003

Docket: P-9894.02

Title: METHOD AND APPARATUS TO DETECT AND TREAT SLEEP
RESPIRATORY EVENTS

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The following is in response to the Office Action mailed December 3, 2004, having a three-month statutory period for response set to expire on March 3, 2005. The following amendments and remarks are respectfully submitted.

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Medtronic

Facsimile Cover Sheet

P-9894.02

To: Examiner Natnithithadha
Company: U.S. Patent and Trademark Office
Phone:
Fax: 703 872 9306

From: Daniel G. Chapik
Company:  **Medtronic**
Phone: 763 514 3066
Fax: 763 505 2530

Date: February 16, 2005

**Pages including this
cover page:** 8

Comments: RE: P-9894.02
Serial No. 10/662,684
Applicants: Cho et al.
Filed: September 15, 2003
Title: METHOD AND APPARATUS TO DETECT AND TREAT SLEEP
RESPIRATORY EVENTS

Attached please find the following documents:

X Amendment
X Transmittal

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT MOLLY CHLEBECK AT TELEPHONE (763) 514-3118 IMMEDIATELY.

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DOCKET NO.: P-9894.02

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL

In re Application of: Yong K. Cho et al.

For: METHOD AND APPARATUS TO DETECT AND TREAT SLEEP RESPIRATORY EVENTS

Serial No.: 10/662,684

Filed: September 15, 2003

CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this Amendment and Transmittal and the paper(s), as described herein are being sent to telefacsimile No. (703) 872 9306, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 16th day of February, 2005.



Signature

MOLLY CHLEBECK

Printed Name

Mail Stop FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

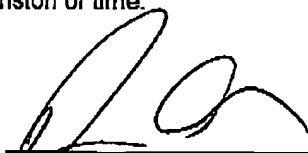
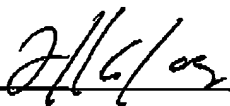
Sir:

We are transmitting herewith the attached:

X AMENDMENT

- ☐ Applicant hereby petitions for _____ months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- ☐ Please charge Deposit Account No. 13-2546 in the amount of _____.
- X** Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing.
- X** Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

Date



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